



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/749,535
	Filing Date	12/30/2003
	First Named Inventor	Joshua D. Rabinowitz
	Art Unit	Not yet known
	Examiner Name	To be assigned
Total Number of Pages in This Submission	Attorney Docket Number	00039.09CON

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Info. Disc. Statement (2 pp.) Form 1449 (3 copies, 7 pages each) Copy of <u>160</u> references Return Postcard	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	ALEXZA MDC, 1001 East Meadow Circle, Palo Alto, CA 94303 Elaine C. Stracker, Ph.D., J.D. Telephone (650)-687-3905	Customer Number 37485
Signature		
Date	SEP. 24 2004	

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Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

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PHONE (415) 347-1100	PHONE ()
ZIP + 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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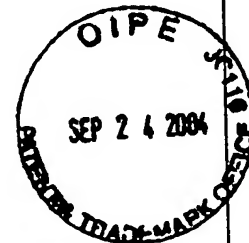
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Attorney's Docket No. 00039.09CON	Express Mail Label No. ET 777 2338 40	Mailing Date SEP. 24 2004	For PTO Use Only Do Not Mark in This Area
Application No. 10/749,535	Filing Date 12/30/2003	Attorney ECS	
Title of the Invention DELIVERY OF ERECTILE DYSFUNCTION DRUGS THROUGH AN INHALATION ROUTE			
Applicant Rabinowitz et al.			
Enclosures PTO/SB/21 Transmittal (1 pp.) Info. Discl. Statement (2 pp.) Form 1449 (3 copies, 7 pages each) Copy of 160 references			



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